



**DAMAGE TO PERSONAL PROPERTY/  
INJURY TO PERSON (not town employee)**  
7.2 INCIDENT REPORT- Third party property  
damage or Third party personal injury  
**CONFIDENTIAL / FOR TOWN USE ONLY**

Risk Manager  
**USE ONLY**

DATE RECEIVED

TRACKING #

NAME OF REPORTING EMPLOYEE		DEPARTMENT	
NAME OF EMPLOYEE INVOLVED (IF DIFFERENT FROM REPORTING EMPLOYEE)		DEPARTMENT	
POSITION	WORK PHONE	IMMEDIATE SUPERVISOR	
NAME OF PROPERTY OWNER/INJURED PARTY		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
INCIDENT DATE	INCIDENT TIME	INCIDENT LOCATION	

DESCRIBE INCIDENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

DESCRIBE PROPERTY DAMAGED OR INJURY SUSTAINED.

TOWN PROPERTY OR VEHICLE INVOLVED?  YES  NO IF YES, DESCRIBE HOW

NAME OF EMPLOYEE DRIVING TOWN VEHICLE		VEHICLE MAKE	MODEL	YEAR
VEHICLE #	PLATE #	VIN #		

PROVIDE NAMES, ADDRESSES & PHONE NUMBERS OF ALL WITNESSES (IF ANY)

WAS FIRST AID ADMINISTERED?  YES  NO IF YES, DESCRIBE HOW/WHAT WAS DONE

911/EMERGENCY MEDICAL PERSONNEL NOTIFIED?  YES  NO IF YES, NAME OF RESPONDING AGENCY

POLICE REPORT FILED?  YES  NO IF YES, AGENCY FILED WITH REPORT #

PHOTOS TAKEN?  YES  NO IF YES, NAME OF INDIVIDUAL WHO TOOK PHOTOS. INCLUDE PHOTOS OF DAMAGE.

**BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. E-SIGNATURE ACCEPTABLE.**

\_\_\_\_\_  
SIGNATURE OF REPORTING EMPLOYEE DATE

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD DATE